

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000116268

FILED
Aug 31, 2009
Secretary of State

Entity Name: FLORIDA CAPITAL FUND SERIES B, LLC

Current Principal Place of Business:

888 EAST LAS OLAS BOULEVARD
SUITE 601
FORT LAUDERDALE, FL 33301 US

New Principal Place of Business:

2733 NE 15TH ST
FORT LAUDERDALE, FL 33304 US

Current Mailing Address:

888 EAST LAS OLAS BOULEVARD
SUITE 601
FORT LAUDERDALE, FL 33301 US

New Mailing Address:

2733 NE 15TH ST
FORT LAUDERDALE, FL 33304 US

FEI Number: 51-0655996 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

JOHNSON, GARRY W
TRIPP SCOTT, PA
110 SE 6TH STREET, 15TH FLOOR
FORT LAUDERDALE, FL 33301 US

Name and Address of New Registered Agent:

RIDGEWAY, JON R
2733 NE 15TH ST
FORT LAUDERDALE, FL 33304 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: JON R RIDGEWAY

08/31/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: JR CAPITAL AND INVESTMENT CORP.
Address: 888 EAST LAS OLAS BOULEVARD, SUITE 601
City-St-Zip: FORT LAUDERDALE, FL 33301 US

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: JON R RIDGEWAY

MGRM

08/31/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date